

Correspondence.

"Audi alteram partem."

"AN UNUSUAL CASE."

To the Editor of THE LANCET.

SIR,—The case reported in a letter with the above heading in your last week's issue is, I think, not very difficult of explanation. When the patient first came under observation, he had suffered from urethral stricture for some time, and the "rheumatic" pains and stiffness of which he then complained are, we know, often met with in such cases as ordinary symptoms, and as such are mentioned in the text-books. The next thing to occur is what unfortunately does occasionally happen in cases of neglected stricture—viz., a folliculitis behind the deepest stricture, resulting in ulceration and perforation of the urethral wall. Through the tiny opening thus made a drop of urine escapes into the cellular tissues, and an abscess forms which burrows in all directions. The course taken by these urinary fistulæ is often very erratic, and they sometimes open, as in this case, into the rectum. The rupture into the rectum in this instance was very likely immediately caused by the manipulation to which the abscess upon the buttock was subjected. In cases like these there is no time for half measures. After free incisions have been made into every fluctuating part, perineal section of the deepest stricture should be at once performed, followed by *complete* removal of every strictured point anterior to this, by one of the methods of internal urethrotomy.

I am, Sir, yours faithfully,

GEORGE HERSCHELL, M.D. Lond.

Moorgate-street, E.C., April 28th, 1884.

"REVACCINATION."

To the Editor of THE LANCET.

SIR,—With reference to your leading article on the above subject in this week's LANCET, will you allow me to take exception to the definition of "successful revaccination" No doubt, a large number of those who are revaccinated show some evidence of susceptibility in the shape of local effects; but to assume that, when the operation is efficiently performed, their absence indicates something faulty, would be to my mind a mistake, and such a theory might lead to unnecessary alarm. There are probably many persons who, after a primary vaccination, are impervious to the vaccine virus, and upon whom no amount of revaccination would produce any result, and this state of system is, in my opinion, the most satisfactory, as showing that the individual is thoroughly protected. It may require revaccination more than once to produce this immunity in the bulk of mankind, but it is the only condition that can give *absolute* protection against small-pox. So long as revaccination produces genuine local effects, so long is there a possibility of taking small-pox, though the chances may be very small; and I firmly believe that if we were all *thoroughly* vaccinated, so as to be insusceptible to the vaccine poison, small-pox might be banished from amongst us.

I am, Sir, your obedient servant,

Harley-street, W., April 26th, 1884.

JULIUS POLLOCK.

To the Editor of THE LANCET.

SIR,—In your article in last week's LANCET on the protection from small-pox afforded by revaccination, you refer to the evidence given by my predecessor, the late Mr. Marson, before the Select Committee on the Vaccination Act (1867), on April 28th, 1871, in which he states that in the thirty-five years during which he had been surgeon to this hospital he had never had a nurse or servant take small-pox. He further says: "I revaccinate them when they come, and they never have small-pox, although they are exposed to infection every day." (See Blue Book, Ans. 4208.) You proceed, however, to suggest that this evidence may now be thought somewhat antiquated. Allow me to remind you that the same practice of revaccinating all servants and nurses, upon entering on their duties here, has been continued to the present time, and with a like result. So that we have

now an unbroken record of forty-eight years during which no nurse or servant of the hospital has contracted small-pox even in a modified form. The only exception to this rule, that I am aware of, was in the case of an assistant gardener, who was hired in 1881; this man refused to be revaccinated, caught small-pox, and died. A comparatively small proportion of the nurses and servants have been protected by a previous attack of small-pox, and in one or two instances they have never been even cut for the cow-pox when engaged. I make use of this term advisedly, for I cannot but be convinced that many persons in this country, and a still larger number in the United States of America, who have been cut for the cow-pox have never thoroughly passed through the vaccine disease. The experience of this hospital as regards the protection afforded by revaccination, extending as it does over so many years, is, I venture to think, absolutely unique in the history of the disease, and cannot be too widely published. The curious immunity enjoyed by the *employés* of this hospital is in my opinion largely owing to the fact that the surgeon here only makes use of lymph obtained from subjects whom he has himself vaccinated, and of the excellence of which he is consequently well assured.

I have to apologise for encroaching on your space to such an extent, but the importance of the subject, especially at the present moment, when we are threatened with another epidemic of small-pox, must be my excuse.

I am, Sir, yours faithfully,

HERBERT GOUDE, F.R.C.S. Edin.,

Resident Surgeon, Small-pox and Vaccination Hospital,
Highgate-hill, N.

April 28th, 1884.

* * We rejoice that our article on Revaccination has called forth the letter of Mr. Goude, who succeeds Mr. Marson at the Highgate Small-pox Hospital, and is able to carry forward the famous demonstration of the virtue of revaccination. We had no misgivings on the score of the antiquation of the results, which, like all Mr. Marson's work, remain authoritative and convincing to those who are capable of weighing evidence. We commend to all serious people the sentence in Mr. Goude's letter—"We have now an unbroken record of forty-eight years during which no nurse or servant of the hospital has contracted small-pox, even in a modified form." We regret that Mr. Goude did not in a few additional sentences give us the advantage of his experience as to what constitutes successful revaccination. Dr. Pollock seems to think we expect too great a result from revaccination—we mean local result in the way of inflammation, and even vesiculation. But we must adhere to our expressed opinion that revaccination which does not vaccinate, which does not produce local or constitutional result, is to be regarded with extreme dissatisfaction. In the majority of cases the proper inference will be simply that we have failed, either from defective matter, or its defective insertion under the thicker skin of an older patient. The inference that the patient is proof against small-pox because one or two revaccinations have failed may be rudely discredited in after days by an attack of variola. And the discredit may unfortunately, in the loose logic of ignorant and prejudiced people, extend to revaccination as well as to the inference.—ED. L.

HOSPITAL POSTS AND LONDON QUALIFICATIONS.

To the Editor of THE LANCET.

SIR,—I think that as the Medical Bill is on the *tapis* at present, it is a convenient time for ventilating the subject. As you will see on turning to your advertising columns, the Grosvenor Hospital for Women and Children and the Brompton Hospital require the services of a physician and assistant-physician, who, in addition to university qualifications, must be Members or Fellows of the College of Physicians. I assert that there is not a single hospital appointment worth holding (by this I mean physician or assistant-physician) in the metropolis, and not many out of it, which can be held by any university graduate as such, and the same holds good of graduates in surgery. Also I assert